

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS

NEUROPSYCHOLOGIST
ISSUE DATE: February 24, 2003
THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS **3:00 PM EST** ON OR BEFORE **March 18, 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 022B
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22B"

A. NOTICE. This position is set aside for individual Neuropsychologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. Neuropsychologist. The Government is seeking to place under contract an individual who holds (a), a current, unrestricted license to practice as a Psychologist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, and (b), Doctorate Degree (Ph.D. or Psy.D) of clinical psychology from an accredited college approved by the American Psychological Association and required internship programs for the degree and state licensure. This individual must also (1) meet all the requirements contained herein (2) obtain and maintain delineated clinical privileges; and (3), competitively win this contract award.

Services shall be provided at the Naval Operational Medicine Institute, Pensacola, FL.

You shall provide neuropsychology services for the evaluation of former prisoners of war, their families and active duty military personnel in consultation with the Clinical Departments of the Naval Operational Institute in accordance with the terms and conditions of this contract.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0730 and 1630. You shall normally provide services for an 8.5 to 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Timekeeping will be in accordance with established command instructions. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

The commanding Office may request that you travel to provide services, attend training or attend Government specified conferences when in the best interest of the Government and patient care. The COR will determine the reasonableness of all costs incurred. When questions arise, the Government's Joint Travel Regulations (JTR) shall always be followed.

You may be required to obtain a security clearance at a level mandated by the Naval Operational Medicine Institute (NOMI) Security Officer. Upon notification of the requirement for a security clearance, the contract shall be

modified to incorporate the DD Form 254, Security Clearance Requirements. Following contract modification, you
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shall initiate the process to obtain the required security clearance.

You shall accrue eight hours of personal leave, to be used for both planned (vacation) and unplanned (sickness) absences at the end of every 80 hour period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be

compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, 28 April through 27 April of the next year with options to extend the contract for a total of five years.

The contract will be renewable each year at the option of the Navy. (NOTE: This requirement shall result in a severable service contract and special reporting requirements exist under 10 USC 2410a.)

II. STATEMENT OF WORK

A. The use of “Commanding Officer” means: Commanding Officer, Naval Operational Medicine Institute, Pensacola, FL, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **DUTIES AND RESPONSIBILITIES.** You will be are providing direct medical care required by the Navy for its health care beneficiaries. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work.

1. You shall perform a full range of Neuropsychology services, within the scope of clinical privileges granted by the Commanding Officer, on site using government furnished supplies, facilities and equipment within the assigned unit of the Institute. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for your services.

2. Administrative Duties:

2.1. You shall provide training and/or direction as applicable to supporting Government employees (e.g. hospital corpsmen, RNs, LVNs, psych techs, students, etc.) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. You shall also perform limited administrative duties that include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, at the prerogative of the Commanding Officer.

2.2. You shall comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the Naval Operational Institute and the bylaws of the institute's medical staff. You shall adhere to and comply with all Department of Navy, Bureau of Medicine and Surgery and local instructions and notices that may be in effect during the term of the contract.

2.3. Attend meetings as required and participate on committees as directed.

2.4. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

2.5. Participate in the provision of inservice training to staff members of the clinic and administrative staff on subjects germane to medical care and attend annual renewal of the Annual Training Requirements provided by NOMI.

3. Clinical duties: Your actual clinical activity will be a function of the Commanding Officer's credentialing process and the overall demand for psychology services. You shall:

3.1. Develop and coordinate a clinical evaluation program for former prisoners of war and a comparison group of former aviators including administration and interpretation of neuropsychological, cognitive and personality tests, providing clinical consultation regarding selection of psychological tests and aeromedical disposition of active duty personnel, and assisting clinical departments in planning psychiatric research projects and interpreting data from such projects.

3.2. Implement and adhere to institute policies that assure the confidentiality of patient communications. Provide for a multi-disciplinary approach to the treatment of patients, coordinating same with the appropriate institute departments.

3.3. Conduct individual or group therapy sessions in accordance with generally accepted principles of the American Psychological Association.

3.4. Assess progress of patients and modify or extend treatment program accordingly. Coordinate care of patients with referring physicians.

3.5. Document therapy in accordance with standard institute policies and procedures on medical records.

3.6. Intervene as a crisis counselor in situations requiring immediate psychological treatment such as substance abuse, suicide attempts, psychotic episodes and other instances in accordance with standard institute policies.

3.7. Communicate with family members and significant others in order to further the effectiveness of patient treatment and progress.

3.7. Comply with established NOMI and departmental policies and procedures, objectives, quality assurance programs and safety programs, environmental and infection control.

3.8. Unscheduled Specialty Procedures and Cases:

- (a) Active Duty Crises Intervention
- (b) Active Duty Competency for duty evaluations
- (c) Acute psychotic episode evaluations
- (d) Suicide threats/gestures
- (e) Psychological testing on the above cases

4. Credentialing. Prior to performance of services, you shall submit to the technical liaison credentialing documents identified in BUMEDINST 6320.66C. You shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at:

<http://navymedicine.med.navy.mil/instructions/default.asp?iPageNum=4&sort=id&desc=1>

4.1. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance

is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

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D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a current unrestricted license to practice clinical psychology in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable state licensing regulations. All state medical licenses held by each health care worker must be submitted as part of the credentialing package.
2. Possess current Basic Life Support Level - C (BLS - C).
3. Provide a minimum of two letters of recommendation written within the last two years attesting to your clinical skills. Letters must be written by direct supervisors, practicing physicians, or program administrators. Reference letters shall attest to the quality and quantity of experience including, but not limited to, the communication skills between physician and patient and among peers, and must include name, title, phone number, date of reference, address and signature of the individual providing reference.
4. Be eligible for U.S. employment. Please provide supporting documentation. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.
5. Represent an acceptable malpractice risk to the Navy.
6. Submit a fair and reasonable price as determined by the Navy prior to contract award.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. This shall include American Board of Professional Psychologists certification in neuropsychology, then,
2. Prior medical experience in a military medical facility.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed* "Personal Qualifications Sheet - Neuropsychologist " (Attachment I).
2. _____ A completed Pricing Sheet (Attachment III).
3. _____ Proof of employment eligibility (Attachment IV).
4. _____ Two or more letters of recommendation per paragraph D.3., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment V)
6. _____ Small Business Representation (Attachment VI)

*Please answer every question on the "Personal Qualifications Sheet - Neuropsychologist" Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK

available at <http://www-nmlc.med.navy.mil> under Public Access, Handbooks.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate
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your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621420.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to: E-Mail: Acquisitions@nmlc.med.navy.mil (NOTE: Reference Code 22B in the Subject Line) or Telephone (301) 619-2062.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - NEUROPSYCHOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Signature) (Date) (mm/dd/yy)

PERSONAL QUALIFICATIONS SHEET - NEUROPSYCHOLOGIST

I. General Information

Name: _____ SSN: _____
Last First Middle
Address: _____

Phone: () _____

II. Professional Education

Doctorate Degree from:

(Name of APA accredited School and location)

Date of Degree: _____ (mm/dd/yy)

Residency completed at: _____
(Name an location of school where residency was obtained)

Date of Residency Completion: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted)
State _____ Date of Expiration _____ (mm/dd/yy)

IV. Approved Continuing Education, to include residencies

Title of Course	Course Dates	CE Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Professional Employment: List your current and preceding employers for the past 3 years within the preceding 4 years. Provide dates as month/year.

Name and Address of Present Employer From To
(1) _____

Work performed: _____

ATTACHMENT I
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Names and Addresses of Preceding Employers

	From	To
(2) _____	_____	_____

Work performed: _____

	From	To
(3) _____	_____	_____

Work performed: _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? _____

VI. Basic Life Support Level C:

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

VII. Employment Eligibility (Please provide copies of supporting documentation)

Yes No

Do you meet the requirements for U.S. Employment

Eligibility contained in Section V?

VIII. Additional Medical Certification, Degrees or Licensure, to include ABPP certification in neuropsychology:

Type of Certification, Degree or License and Date of Certification or Expiration

IX. I hereby certify the above information to be true and accurate:

_____ (mm/dd/yy)

(Signature) (Date)

EXTENDED TRAVEL

1. The commanding Office may request that you travel to provide services, attend training or attend Government specified conferences when in the best interest of the Government and patient care. The COR will determine the reasonableness of all costs incurred. When questions arise, the Government's Joint Travel Regulations (JTR) shall always be followed.
2. The Government will not issue Government Travel Orders to the HCW.
3. Government contract air carriers and the Government's contract airfares are not available to the HCW.
4. The JTR shall serve as the basis for cost limits for lodging, per diem, miscellaneous expenses and mileage reimbursement if a privately owned vehicle is authorized.
5. Costs for transportation, lodging, meals and incidental expenses incurred by the health care worker are allowable subject to Federal Acquisition Regulations Federal 31-205-46 and Federal Travel Regulations prescribed by the General Services Administration or deemed reasonable by the Technical Liaison.
6. When possible, the health care worker shall use government-provided quarters (BOQ/BEQ) and transportation. If not available, the Government will provide the health care with an identification letter for presentation to AMTRACK, hotel/motel, and car rental firms. The Government retains the right to direct the mode of travel including the availability and size of rental cars. It should be noted that vendors are not obligated to extend discounted Government rates to contractors working on behalf of the Federal Government.
7. The contractor shall submit an invoice (DD Form 250) itemizing expenses in amounts allowable by the technical liaison.
8. The COR will specify the MTF's procedure to document that the travel was completed and that the expenses were actually incurred.
9. All reimbursements will be retrospective, payable only upon presentation of a properly prepared invoice to the COR (as specified herein).
10. The Government reserves the right to require additional documentation, including memoranda from the HCW performing the travel.

**PRICING SHEET
NEUROPSYCHOLOGIST**

PERIOD OF PERFORMANCE

Services are required from 28 April 2003 through 27 April 2004 for one (1) Full Time Radiologist at the Naval Hospital, Jacksonville, FL. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other Radiologists in the Jacksonville, FL area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes.** In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column.

Check all math to assure that your computations are accurate.

Contract Line Item	Description	Quantity	Unit	Unit Price	Total Amount
0001	The health care worker agrees to perform on behalf of the Government, the duties of one (1) Full Time Neuropsychologist for the Naval Operational, Medicine Institute, Pensacola, FL in accordance with the statement of work and the resulting contract.				
0001AA	Base Period; 28 Apr 03 thru 27 Apr 04	2096	Hrs	_____	_____
0001AB	Option Period I; 28 Apr 04 thru 27 Apr 05	2080	Hrs	_____	_____
0001AC	Option Period II; 28 Apr 05 thru 27 Apr 06	2088	Hrs	_____	_____
0001AD	Option Period III; 28 Apr 06 thru 27 Apr 07	2088	Hrs	_____	_____
0001AE	Option Period IV; 28 Apr 07 thru 27 Apr 08	2088	Hrs	_____	_____
TOTAL CONTRACT LINE ITEMS 0001:					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command
Acquisition Management Directorate
ATTN: Code 022B
1681 Nelson Street
Fort Detrick, MD 21702-9203

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Personal E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

0 Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: _____

Offeror's Signature: _____

Date: _____